#### Indiana Public Health Workforce Development

### **EDUCATION & TRAINING TOOLKIT**

# **Individual Learning Needs Assessment/Skills Checklist**

NAME:	DIVISION: ENVIRUNMENTAL			
SIGNATURE OF APPROVING AUTHORITY:		DATE:		
EMPLOYEE SIGNATURE:	DATE:			

### **SWIMMING POOL INSPECTION SKILL SET (C.3.3)**

Date	Category	Criteria for evaluation	Skill met / evaluation date	Skill unmet / evaluation date	Resources to address learning needs	Date for skill to be met
	Protocol	Demonstrates ability to maintain inspections according to agency policies				
		Demonstrates ability to properly check pool chemistry and water sample results				
		3. Demonstrates ability to apply state and local codes				
		4. Identifies reasons for pool closure				
	Documentation	Demonstrates correct use of forms such as pool inspection checklists and logs				
		Demonstrates ability to use computer software to document data from inspections and water sample results				

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Date	Category	Criteria for evaluation	Skill met / evaluation date	Skill unmet / evaluation date	Resources to address learning needs	Date for skill to be met
	Education and Training	Obtains Certified Pool Operator training/ certification				
		2. Maintains CPO recertification as needed				
		3. Verbalizes understanding of waterborne diseases				
		Demonstrates ability to educate pool operators on waterborne diseases				
	Communication	Demonstrates effective written and oral communication skills				